

AFFIDAVIT OF MEDICAL AMENDMENT TO FLORIDA CERTIFICATE OF DEATH

AMENDED MEDICAL CAUSE OF DEATH TO BE COMPLETED BY: MEDICAL CERTIFIER

1. DECEDENT'S NAME (First, Middle, Last, Suffix) 5. DATE OF DEATH (Month, Day, Year) 8. COUNTY OF DEATH
9. PLACE OF DEATH HOSPITAL: Inpatient Emergency Room/Outpatient Dead on Arrival
10. FACILITY NAME (If not institution, give street address) 11a. CITY, TOWN, OR LOCATION OF DEATH 11b. INSIDE CITY LIMITS?
30. CERTIFIER: Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
31a. (Signature and Title of Certifier) 31b. DATE SIGNED (mm/dd/yyyy) 32. TIME OF DEATH (24 hr.) 33. MEDICAL EXAMINER'S CASE NUMBER
34a. LICENSE NUMBER (of Certifier) 34b. CERTIFIER'S NAME 35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)
36a. CERTIFIER'S - STATE 36b. CITY OR TOWN 36c. STREET ADDRESS 36d. ZIP CODE
39. PROBABLE MANNER OF DEATH: The following are under the jurisdiction of the medical examiner:
40. REPORTED TO THE MEDICAL EXAMINER DUE TO CAUSE OF DEATH? Yes No
41. CAUSE OF DEATH - PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. Enter only one cause on a line.
42a. WAS AN AUTOPSY PERFORMED? 42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY 43b. DATE OF SURGERY (Mo., Day, Yr.) 44. DID TOBACCO USE CONTRIBUTE TO DEATH?
45. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR:
46. DATE OF INJURY (Month, Day, Year) 47. TIME OF INJURY (24 hr.) 48. INJURY AT WORK? 49a. LOCATION OF INJURY - STATE
49b. CITY OR TOWN 49c. STREET ADDRESS 49d. APT. NO. 49e. ZIP CODE
50. DESCRIBE HOW INJURY OCCURRED 51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
IF TRANSPORTATION INJURY, 52a. Status of Decedent Driver/Operator Passenger Pedestrian Other (Specify)
52b. Type of Vehicle Car/ Minivan S.U.V. Motorcycle Pickup Truck/ Cargo Van Bus Heavy Transport Other (Specify)

THE UNDERSIGNED, BEING FIRST DULY SWORN, STATES THAT THIS AFFIDAVIT IS MADE FOR THE PURPOSE OF AMENDING MEDICAL CERTIFICATION FOR THE ABOVE NAMED PERSON, AND THAT THE FOLLOWING EXPLANATION IS GIVEN AS THE BASIS OF THIS AMENDMENT:

AFFIDAVIT

Signature and Title of Certifier or Attending Physician DATE SIGNED BY CERTIFIER NOTARY COMMISSION EXPIRES (AFFIX SEAL)
Signature of Notary SUBSCRIBED AND SWORN TO BEFORE ME ON
NOTARY'S SIGNATURE
STATE REGISTRAR DATE FILED BY VITAL STATISTICS BY

State of Florida, Department of Health, Vital Statistics

INSTRUCTIONS FOR MEDICAL AMENDMENT TO FLORIDA CERTIFICATE OF DEATH

(TYPE IN PERMANENT BLACK INK)

Private Physicians - The attending or certifying physician may amend the cause of death section of any Florida Certificate of Death showing their name(s) on the original Florida Certificate of Death.

Medical Examiners - Only the Medical Examiner, with current jurisdiction, may amend the cause of death on any Florida Certificate of Death (whether originally signed by a private physician or previous Medical Examiner of the district) coming under their jurisdiction pursuant to Chapter 406, Florida Statutes.

A detailed explanation must be given to justify why you are amending the death record. Comments such as "Per family request" should not be included.

The signature of the certifying physician, or medical examiner, is required on 31a with the current date on 31b.

Complete and sign the Affidavit of Medical Amendment to Florida Certificate of Death in the presence of a notary public or other officer having official seal.

The notary section at the bottom of the form must include:

- Signature of either the attending physician, or certifying physician, or Medical Examiner
- The date signed by certifier (must be the same as the notary's date)
- Notary's Signature
- Notary's date "subscribed and sworn to before me on" (must be the same as the certifier's date)

There is no fee required by the Office of Vital Statistics to amend a death record with regard to cause of death information. However, if computer certified copies of the amended record are desired, a fee of \$5.00 for the first copy and \$4.00 for each subsequent copy ordered at the same time is required and can be submitted at the time the affidavit is filed with this office. If book copies of the amended record are desired, a fee of \$10.00 for the first copy and \$4.00 for each subsequent copy ordered at the same time is required and can be submitted at the time the affidavit is filed with this office. If copies are ordered at a later date, the fee should be directed to the address below and to the attention of client services.

PLEASE COMPLETE AND RETURN THIS FORM TO THE DEPARTMENT OF HEALTH:

**Medical Classification
Bureau of Vital Statistics
1217 N Pearl Street (zip 32202)
P.O. Box 210
Jacksonville, Florida 32231-0042**